

**CERTIFICATE OF SERVICE**

I, Charles W. Faquin, certify that I am, and at all times during the service of process  
(name)

was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made August 25, 2014 by:  
(date)

**Certified Registered Return Receipt**

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Palisades Collection, L.L.C.  
c/o C T Corporation System  
800 S. Gay St., Suite 2021  
Knoxville, TN 37929-9710

☐ Personal service: By leaving the

☐ Residence Service: By leaving the

☐ Publication: The defendant was s

☐ State Law: The defendant was se

as follows: [Describe briefly]

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>Chuck Milligan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> B. Received by <u>Aug 25 2014</u> C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Palisades Collection, L.L.C. c/o C T Corporation System 800 S. Gay St., Suite 2021 Knoxville, TN 37929-9710</p> </div>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery                 </p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7014 0150 0001 2525 4926</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

Under penalty of perjury, I declare that the foregoing is true and correct.

8/27/14  
Date

Charles W. Faquin  
Signature

<p>Print Name: <u>Charles W. Faquin</u> <u>Law Office of Charles W. Faquin, PLC</u></p>		
<p>Business Address: <u>625 Main Street, Suite B-1</u></p>		
<p>City <u>Nashville</u></p>	<p>State <u>TN</u></p>	<p>Zip Code <u>37206</u></p>